

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-027436

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 376

1. PLACE OF DEATH  
a. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **Independence**

Length of stay in 1b  
**53 yrs.**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **Independence San. & Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY **Jackson**

c. CITY OR TOWN **Independence**

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
**1417 West College**

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First **Frederick**

Middle **B**

Last **Fender Sr.**

4. DATE OF DEATH

Month **Aug**

Day **5**

Year **1962**

5. SEX  
**Male**

6. COLOR OR RACE  
**White**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
**10-30-1880**

9. AGE (last birthday)  
**81**

IF UNDER 1 YEAR  
Months Days

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**Retired Carpenter**

10b. KIND OF BUSINESS OR INDUSTRY  
**Builder**

11. BIRTHPLACE (City and state or country)  
**Iowa**

12. CITIZEN OF WHAT COUNTRY  
**U S A**

13a. FATHER'S NAME

**Absolom Fender**

13b. MOTHER'S MAIDEN NAME

**America Meyers**

14. NAME OF HUSBAND OR WIFE

**Emma C. Fender**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**No**

17. INFORMANT

Address

**Irwin Fender 501 North Union Indepen.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**Cardiac arrhythmia**

INTERVAL BETWEEN ONSET AND DEATH  
**48 hours**

DUE TO (b)

**Uremia**

**6 months**

DUE TO (c)

**Carcinoma of prostate - bilateral pyelonephrosis**

**6 years**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Nov. 1960** to **Aug. 5, 1962** and last saw him alive on **August 5, 1962**  
Death occurred at **11:45 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**HW Kearnes MD**

22b. ADDRESS

**10901 W. Union Road, Independence**

22c. DATE SIGNED

**8/6/62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Burial**

23b. DATE

**Aug 8 1962**

23c. NAME OF CEMETERY OR CREMATORY

**Mound Grove Cemetery**

23d. LOCATION (City, town, or county)

**Independence Missouri**

(State)

24. FUNERAL DIRECTOR

ADDRESS

**Roland R Speaks Funeral Home Independence**

25. DATE RECD. BY LOCAL REG.

**8-7-62**

26. REGISTRAR'S SIGNATURE

**Alba L. Craig**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF,

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

17005

27005

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August 7-1962

AUG 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by Don D. Lindsey, Student Embalmer No. 649

working under my personal supervision.

Student Don D. Lindsey  
Signature of Student Embalmer

Signed Roland R. Specker

Licensed Embalmer No. 3684

P. O. Address Indy, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.